1606846

FORM D

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION

PROCESSED S

Washington, D.C. 20549

THOMSON FINANCIAL

FORM D
NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR

07048654								
Омо нешес	3230-UU10							
Expires	April 30, 2008							
Estimated average burd	en							
hours per response	16.00							

SEC USE ONLY								
Prefix	1	Serial						
	DATE RECEIVED							
	i							

UNIFORINI	IMITED OFFERING EXEMI	FIION
Name of offering (☐ check if this is an amendme Equicap, Inc.	nt and name has changed, and indicat	tte change.)
Filing Under (Check box(es) that apply): Type of Filing:	Rule 504 ☐ Rule 505 ☒ New Filing ☐ Amendme.	
	A. BASIC IDENTIFICATIO	ON DATA
1. Enter the information requested about the is	suer	
Name of Issuer (check if this is an amendment Equicap, Inc.	and name has changed, and indicate	e change.)
Address of Executive Offices (Number and 10510 Hillsboro Road, Santa Ana, California S	Street, City, State, Zip Code) 02705	Telephone Number (including Area Code) (904) 507-4937
Address of Principal Business Operations (Numb (if different from Executive Offices)	er and Street, City, State, Zip Code)	Telephone Number (including Area Code) MAR 2
Brief Description of Business:		2 2007
	inership, already formed Inership, to be formed	other (please specify): 186 SECTUM
Actual or Estimated Date of Incorporation or Orga Jurisdiction of Incorporation or Organization:	Month Year enization: 03 2002 (Enter two-letter U.S. Postal Service CN for Canada; FN for foreign jurisd	e abbreviation for State: NV

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filled in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

SEC 1972 (6-02)

hm

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities
 of the issuer;

				of partnership issuers		orporate general and r	nanag	ing partners	of pa	rtnership issuers; and
Check Box(es) that Apply:	0			Beneficial Owner*		Executive Officer	Ø	Director	0	General and/or Managing Partner
Full name (Last name first, i	f indiv	ridual)	(Colligan, Thomas H.						
Business or Residence Add 5525 Westcott Circle, Fred			Stree	t, City, State, Zip Code	e)					
Check Box(es) that Apply:	0	Promoter		Beneficial Owner*	0	Executive Officer*	(2)	Director		General and/or Managing Partner
Full name (Last name first, i	indi	ridual)	٧	Vang, Peter						
Business or Residence Add 10510 Hillsboro Road, Sar)					
Check Box(es) that Apply:	0	Promoter	0	Beneficial Owner	0	Executive Officer*	0	Director		General and/or Managing Partner
Full name (Last name first, i	f indi	vidual)				. <u> </u>			_	
Business or Residence Add	ress (Number and	Stree	t, City, State, Zip Code	₽)				_	
Check Box(es) that Apply:	۵	Promoter	0	Beneficial Owner	□	Executive Officer*	0	Director		General and/or Managing Partner
Full name (Last name first, i	findi	/idual)								
Business or Residence Add	ress (Number and	Stree	t, City, State, Zip Code	∍)					
Check Box(es) that Apply:	0	Promoter	0	Beneficial Owner	٥	Executive Officer		Director	0	General and/or Managing Partner
Full name (Last name first, i	f indi	vidual)		,						
Business or Residence Add	ress (Number and	Stree	t, City, State, Zip Code	e)					
Check Box(es) that Apply:	0	Promoter		Beneficial Owner	ū	Executive Officer	0	Director		General and/or Managing Partner
Full name (Last name first, i	f indi	ridual)								
Business or Residence Add	ress	Number and	Stree	et, City, State, Zip Code	e)					
Check Box(es) that Apply:	0	Promoter		Beneficial Owner	0	Executive Officer	0	Director	0	General and/or Managing Partner
Full name (Last name first, i	findi	/idual)								
Business or Residence Add	ress (Number and	Stree	t, City, State, Zip Code	e)					
Check Box(es) that Apply:		Promoter	Ω	Beneficial Owner	0	Executive Office	Ö	Director		General and/or Managing Partner
Full name (Last name first, i	f indi	ridual)								
Business or Residence Add	ress (Number and	Stree	et, City, State, Zip Code	9)					

						A. B/	ASIC IDE	NTIFIC/	ATION DAT	ΈΑ					
Che	eck Box(e	s) that Ap	ply: 🗅	Promoter		3eneficia) Owner		Executive Of	ficer	O Di	rector	0	General Managir	and/or ng Partner
Full	name (La	st name i	first, if indi	vidual)							,				
Bus	iness or f	Residence	Address	(Number a	and Street,	City, Stat	e, Zip Cod	e)							
_	-					B. INFO	RMATIO	N ABO	UT OFFER	ING		- ,-			
1.	Has the	issuer sol	ld, or does	the issue	r intend to s	sell, to no	n-accredit	ed invest	tors in this of	fering?				Yes	No Ø
							••		2, if filing un						
2.	2. What is the minimum investment that will be accepted from any individual (but lesser amounts may be accepted)											\$Yes	100,000 No		
3.														2	Ö
4,															
Full	Name (L	ast name	first, if indi	ividual) VF	inance inv	estmen'	ts, Inc.								
Bus	iness or f	Residence	Address	(Number a	and Street,	City, Stat	te, Zip Cod	e) 880 T	Third Avenu	e, 12 th F	loor, Ne	v York,	New '	York 100	22
Nar	ne of Ass	ociated Br	oker or D	ealer vF	inance Inv	estment	ts, Inc.								
Sta			or check [AZ]		d or Intend: ! States) X [CA] [KY] X [NJ]	[CO] [LA]	(CT) (ME) X [NY]	(DE) (MD) (NC)	[DC] [MA] [ND]	[FL] [MJ] [OH]	[GA] [MN] [OK]	(HI) S)	[ID] [MO] [PA]	🗖 All States
	[RI]	(SC)	(SD)	[TN]	х ітхі	įυτj	įvrj	[VA]	[WA]	įwvj	[WI]	wj		[PR]	
Full	Name (L	ast name	first, if indi	ividual)											<u>,,,,,</u>
Bus	iness or f	Residence	Address	(Number a	and Street,	City, Stat	e, Zip Cod	e)							
Nar	ne of Ass	ociated Br	oker or De	ealer										-	
Sta					d or Intends States)		it Purchase	ers						*******	🗆 All States
	[AL]	(AK)	[AZ]	[AR]	[CA]	[CO]	(СТ)	(DE)	[DC]	[FL]	[GA]			[ID]	
	(IL) [MT]	(IN) [NE]	(IA) (NV)	[KS] [NH]	[KY] [NJ]	(LA) (NM)	(ME) (NY)	[MD] [NC]	[MA] [ND]	[Mi] [OH]	(MN) [OK]	M) (O)		[MO] [PA]	
	(RI)	(SC)	(SD)	(TN)	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	ίΜ		[PR]	
Full	Name (L	ast name	first, if indi	vidual)											
Bus	iness or F	Residence	Address	(Number a	and Street,	City, Stat	e, Zip Cod	e)							
Nar	ne of Ass	ociated Br	oker or D	ealer											
Sta					d or Intend	s to Solic	it Purchase	ers							
	(Check '	'All States [AK]	" or check [AZ]	individual (AR)	States)	(CO)	(CT)	(DE)	[DC]	[FL]	[GA]			[ID]	D All States
	[IL]	[iN]	(IA)	(KS)	[KY]	[LA]	[ME]	(MD)	[MA]	[MI]	[MN]	Mj	Š)	(OM)	
	[MT] [RI]	(NE)	[NV] (SD)	(NH) (TN)	[LN] [XT]	(NM) (UT)	[NY] [VT]	[NC] [VA]	[ND] [WA]	(OH) [WV]	(OK) [WI]	(M)		[PA] [PR]	
	f1	1	,1	• •			``	_ : . : _	copies of thi	<u> </u>	- • •				
			C. OFF						, EXPENS				CEE	DS	
1.	answer	is "none" (or zero.	If the trans	ecurities in saction is a fered for ex	n exchan	ge offering	, check l	ie total amou his box □ ai iged.	int alread nd indica	ly sold. I te in the	Enter "0" columns	if :		
	Type of	Security								(Aggreg Offering l			Ame	ount Already Sold
	Debt		************	.,,,					*******	\$			0	<u>\$</u>	0
	Equity	Ø	Common	□ Pr	eferred					\$		2,000,0	00	\$	12,000,000

	B. INFORMATION ABOUT OFFER	ING			_	
	Convertible Securities (including warrants)	<u>\$</u>	Q	\$_	_	0
	Partnership Interests	\$	Q	\$	_	0
	Other	\$	0	\$_		0
	Total	\$	12,000,000	\$_		12,000,000
2.	Enter the number of accredited and non-accredited investors who have purchased securing aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the purchased securities and the aggregate dollar amount of their purchases on the total line "none" or "zero."	numbe	er of persons who have			
			Number Investors			Aggregate Dollar Amount of Purchases
	Accredited Investors		5	<u>\$</u>	_	12,000,000
	Non-accredited Investors		0	<u>\$</u> _	_	0
	Total (for filing Under Rule 504 only)	_	Q	<u>\$</u>		0
	Answer also in Appendix, Column 4 if filing under ULOE					
3.	If this filing is for an offering Under Rule 504 or 505, enter the information requested issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the offering. Classify securities by type listed in Part C - Question 1.	for all first	sale of securities in this			
	Type of offering		Type of Security			Dollar Amount of Purchases
	Rule 505		· · · · · · · · · · · · · · · · · · ·	<u>\$</u>	_	
	Regulation A			\$_		
	Rule 504			\$_		
	Total			\$_		
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution offering. Exclude amounts relating solely to organization expenses of the issuer. The subject to future contingencies. If the amount of expenditure is not known, furnish an either left of the estimate.	inforn stimat	nation may be given as e and check the box to			
	Transfer Agent's Fees				_	
	Printing and Engraving Costs					
	Legal Fees				<u>\$</u>	84,500,00
	Accounting Fees				<u>\$</u>	
	Engineering Fees				<u>\$</u>	
	Sales Commissions (Specify finders' fees separately)			Ø	\$	984,000
	Other Expenses (identify) Expenses of broker, escrow fee, due diligence		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		£	37,000
	Total			9 2	<u>\$</u>	1.105.500
	 Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the *adjusted gross proceeds to the issuer.* 			<u>s</u>	_	10.894.500
5.	Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above.		Payments to Officers, Directors & Affiliates			Payments to Others
	Salaries and fees					
	Purchase of real estate					
	Purchase, rental or leasing and installation of machinery and equipment					
	Construction or leasing of plant buildings and facilities				<u>\$</u>	
	Acquisitions of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	_		0	\$.	
	Renayment of indehtedness					

B. INFORMATIO	N ABOUT OFFERING
Working capital	
Other (specify) Transaction fee	
Column Totals	
Total Payments Listed (column totals added)	D. FEDERAL SIGNATURE ded this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following undertaking by the issuer to furnish to the U.S. Securities and exchange Commission, upon written request of its staff, the ne issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502. Signature
D. FEDER	AL SIGNATURE
signature constitutes an undertaking by the issuer to furnish to the U.S.	. Securities and exchange Commission, upon written request of its staff, the
Issuer (Print or Type) Equicap, Inc.	
Name of Signer (Print or Type) Peter Wang	Title of Signer (Print or Type) President

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	E. S'	TATE SIGNATURE	
1.	1. Is any party described in 17 CFR 230.262 presently subject to a	any of the disqualifications provisions of such	rule?
	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Yes 🖸 No 🗵
	See Appendix,	, Column 5, for state response.	
2.	The undersigned issuer hereby undertakes to furnish to any s CFR 239.500) at such times as required by state law.	state administrator of any state in which this	notice is filed, a notice on Form D (17
3.	The undersigned issuer hereby undertakes to furnish to the offerees.	state administrators, upon written request,	information furnished by the issuer to
4.	 The undersigned issuer represents that the issuer is familiar wi Exemption (ULOE) of the state in which this notice is filed and of establishing that these conditions have been satisfied. 		
	The issuer has read this notification and knows the contents to be duly authorized person.	true and has duly caused this notice to be	signed on its behalf by the undersigned
Iss	ssuer (Print or Type)	Signature //	Date 10
Eq	Equicap, Inc.	- Lang	March√⊴ 2007
Na	Name of Signer (Print or Type)	Title of Signer (Print or Type)	
Pe	Peter Wang	President	

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

				Al	PPENDIX				
1	Intend to I Accr Investor	2 I to sell Non- edited is in State – Item 1)	3 Type of Security and Aggregate Offering Price Offered in State (Part C – Item 1)		5 Disqualification under State ULOE (If yes, attach explanation of walver granted) (Part E – Item 1)				
State	Yes No			Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No
AL		,,,,					<u> </u>		
AK					•.•		•		
AZ.					****		-		
AR									
CA		Х	Common stock \$12,000,000	1	\$200,200				х
СО									
CT									
DE					,			<u> </u>	
DC									
FL									
GA									ļ
Н									
ID									
IL									
IN									
IA									
KS		х	Common stock \$12,000,000	2	\$2,394,500				×
KY									
LA				<u> </u>		.		<u> </u>	
ME									
MD						<u> </u>		<u> </u>	
MA									
MI						_			
MN									

1	Intend to I Accr Investor	2 I to sell Non- edited s in State – Item 1)	3 Type of Security and Aggregate Offering Price Offered in State		5 Disqualification under State ULOE (if yes, attach explanation of walver granted) (Part E - Item 1)				
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
MS	103	1.0							
МО								<u> </u>	
мт								-†	<u>"</u>
NE							·		
NV									
NH					~~·		·	1	
КN		х	Common Stock \$12,000,000	1	\$600,000				X
NM									
NY		х	Common Stock \$12,000,000	1	\$1,000,000				х
NC									
NC									
ОН									ļ <u>.</u>
OΚ									
OR									
PA								<u>.</u>	ļ
RI									<u> </u>
SC						<u> </u>			ļ
SD								ļ	<u> </u>
TN					•••				
TX		×	Common Stock \$12,000,000	6	\$7,805,300				X
UT						1			<u> </u>
VT									
VA									
WA		<u> </u>					· · · · · · · · · · · · · · · · · · ·	1	ļ
w								1	ļ
WI								ļ	
WY								<u> </u>	
PR									
Foreign						T			